

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12528

CERTIFICATE OF DEATH

163

Reg. Dist. No.

1. PLACE OF DEATH:

County Bloomington
 City or town Bloomington
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

1 mile N. of Bloomington

How long in hospital or institution?

3. (a) FULL NAME

SAMUEL LEWIS DARR

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Divorced

6. (b) Name of husband or wife

Evelyn Smith Darr

7. Birth date of deceased (mo., day, yr.)

June 22, 1902

6. (c) If alive, give age _____ years

8. AGE:

Years
46Months
5Days
14

If less than one day

hrs.

min.

9. Birthplace Westernport, Allegany, Maryland
(Town, county, and state)

10. Usual occupation

Miner

11. Industry or business

Coal Mine

MOTHER FATHER

12. Name John W. Darr

13. Birthplace

Lonaconing, Maryland

14. Maiden name

Eliza Jones

15. Birthplace

Moorefield, W. Va.

16. Informant

James Darr

Address

Westernport, Maryland

17. Burial

Date thereof Dec. 9, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Philos Cemetery

Location

Westernport, Maryland

18. Funeral director

Ellsworth S. Boal

Address

Westernport, Maryland

19. Date rec'd by registrar

Dec. 8, 1948Dorothy Patterson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleganyCity or town 1 Mile N. of Westernport
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 6, 1948 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Spammed after death

and that I last saw him alive on

Immediate cause of death

Drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/6/48Where did injury occur near Bloomington, Garrett mt. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public roadMeans of injury Car ran into river Injured at work? NoSignature E. B. Bamford M. D. or other Dept. Med.Address Baltimore, Md. Date signed Dec. 16/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

469

Reg. Dist. No.

166

1. PLACE OF DEATH:

Garrett
County.....
Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.... Life time.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Judson Wilkison Foster.

4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced

Male White Married.

6.(b) Name of husband or wife..... Sarah S. Foster.

7. Birth date of deceased (mo., day, yr.) January 7th 1876 8. (c) If alive, give age..... 68 years

8. AGE: Years Months Days If less than one day
72 11 26 hrs. min.9. Birthplace..... Oakland, Maryland.
(Town, county, and state)

10. Usual occupation..... Farmer.

11. Industry or business

12. Name..... Siras Foster.

13. Birthplace..... England.

14. Maiden name..... Sarah Ervin.

15. Birthplace..... Garrett County.

16. Informant..... Mr. Joseph D. Foster.

Address..... Oakland, Maryland.

17. Burial..... Date thereof Dec. 6th /48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Oakland Cemetery

Location..... Oakland, Maryland.

18. Funeral director..... George D. Bolden.

Address..... Oaklond Md.

19. (Date rec'd by registrar) 12/6/48 (Date of death) 7/1/48 (Registrar) Julian Howard

2. USUAI. RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Garrett

City or town..... Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH December 3d, 1948, at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 29, 1946, to Dec. 3, 1948,
and shall last saw him alive on Nov. 8, 1948

Immediate cause of death

Carcinoma - larynxDue to (with tumor) obstruction
common bile duct

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

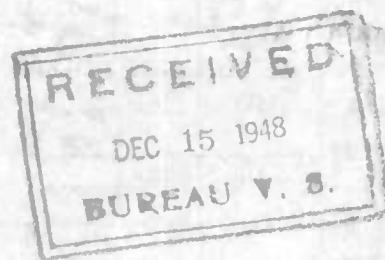
Injured at work?

23. SIGNATURE..... G. Mann MD

M. D. or other

Address..... Oakland, Maryland Date signed Dec. 6/48

Miss Julie
was sick
for several days.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

EVIDENCE FOR ADDITIONS IN
21472 SICKWAL ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12530

File No. G 110 JAN 25 1949

CERTIFICATE OF DEATH

Reg. Dist. No.

161

1. PLACE OF DEATH:

County

Garrett

City or town

Near Friendsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

See his sign

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

J. Burnell Friend

5. Color or race

6. (a) Single, married, widowed, or divorced

M.

7t

Widower

6. (b) Name of husband or wife

Nov 11-1861

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years 87 Months 2 Days 23 If less than one day hrs. min.

9. Birthplace

Md (Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Elijah Friend

FATHER

Name

12. Name

Elijah Friend

13. Birthplace

Md

14. Maiden name

Friend

15. Birthplace

Md

16. Informant

J. Friend

Address

Friendsville

17. Burial Date thereof Dec. 21, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Addison

Location Addison Pa

18. Funeral director W. H. Savage

Address Friendsville

Dec. 21, 1948 Mrs. Kathryn Fife

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md

County Garrett

City or town Near Friendsville

(If outside city or town limits, write RURAL and give nearest town) Md

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18, 1948 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 1947 to Dec. 18, 1948

and that I last saw him alive on Dec. 18, 1948

Immediate cause of death

Coronary Occlusion

Due to

Fr. Hip - Sen. Lity

Due to Frost Tis

Knee weakened when crossing room

Other conditions and he fell striking

floor grill

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of

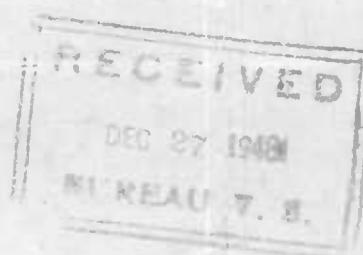
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Laumer [Signature]

Means of Injury Injured at work?

23. SIGNATURE A. T. Messmore, M.D. or other

Address Addison Pa Date signed 12/20/48



PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

451

302?

166

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Garrett

County

Near Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

Life time.

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Martha Cinderella Gilson.

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Single.

6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) June 10th, 1925.

8. AGE: Years Months Days If less than one day
23 6 20 hrs. min.

9. Birthplace Deer Park, Md.

(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Earl George.

13. Birthplace Galloway, W. Va.

14. Maiden name Mary Ellen Gilson.

15. Birthplace Deer Park, Md.

16. Informant Mrs. Charles Perando,

Address Oakland, Md.

17. Burial Date thereof Jan. 2d/49.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oakland Cemetery.

Location Oakland, Md.

18. Funeral director Envoy Bolden

Address Oakland Md

19. Date rec'd by registrar Jan 2 1949

Julia A. Rowan

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Garrett

City or town Oakland, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None.

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 30 1948 at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Deceased after death

19.

and that I last saw him alive on

19.

Immediate cause of death

Hemo pericardium

Due to Ruptured Anerysm. Aorta

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings at operation

Date of op.

Autopsy results Hemo pericardium

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Cause of injury

Injured at work?

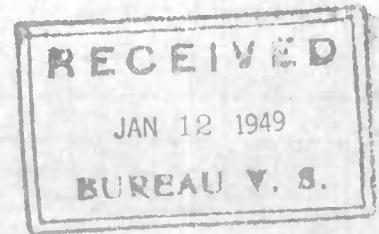
23. SIGNATURE

Ed Baumgardner, M.D., M.B.A.

M. D. or other

Address Oakland, Md.

Date signed 12/31/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12532

CERTIFICATE OF DEATH

46b
Reg. Dist. No. 171

1. PLACE OF DEATH:

County Garrett

City or town R. D. 2 Swanton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John William Green

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M W Married

6. (b) Name of husband or wife Ida Green

7. Birth date of deceased (mo., day, yr.) May 24-1871

6. (c) If alive, give age 78 years

8. AGE: Years Months Days If less than one day

77 6 18 hrs. min.

9. Birthplace R. D. 2 Grantsville Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Jefferson Green

13. Birthplace Not Known

14. Maiden name Lydia Broadwater

15. Birthplace R. D. 2 Grantsville Md

16. Informant Mr. Everett Green

Address R. D. Swanton

17. Burial Date thereof T2 T15 1948
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory New Germany

Location R. D. 2 Grantsville Md

18. Funeral director Wm. Winterberg

Address Grantsville Md

19. Date rec'd by registrar Dec 14 1948

(Date rec'd by registrar)

Signature J. E. Emery
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Garrett

City or town R. D. 2 Swanton
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1948 at 9 p.m.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Newt 1948 to Dec 12 1948 and that I last saw him alive on Dec 11 1948

Immediate cause of death

Barium enema of stomach due to small intestine

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

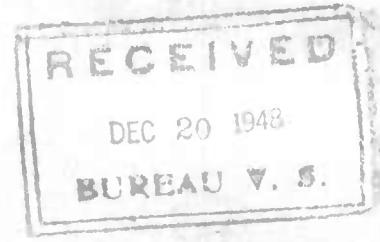
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Grantsville Md Date signed 12/13/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422
93d

12533

166

Reg. Dist. No.

1. PLACE OF DEATH: Garrett
County.....
City or town..... Oakland
(If outside city or town limits, write RURAL and give nearest town)
78 yrs.
How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland..... Garrett
State..... County.....
Oakland
(If outside city or town limits, write RURAL and give nearest town)
Third St.
Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME
Agnes Helbig
4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
8. (b) Name of husband or wife.....
7. Birth date of deceased (mo., day, yr.) June 16, 1870
8. AGE: Years Months Days If less than one day
78 6 8 .hrs. .min.
9. Birthplace Garrett Co., Md.
(Town, county, and state)
House Keeper
10. Usual occupation.....
11. Industry or business Own Home
12. Name John Helbig
13. Birthplace Germany
14. Maiden name Mary Brinkman
15. Birthplace Germany
16. Informant Edward W. Helbig
Address.....
Oakland, Md.

17. Burial Date thereof..... Dec. 26, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)
St. Peters Cemetery
Cemetery or crematory.....
Location.....
18. Funeral director Herbert C. Leighton
Address.....
Oakland, Md.

19. 12/26/48 Date rec'd by registrar
(Date rec'd by registrar)

Registrar

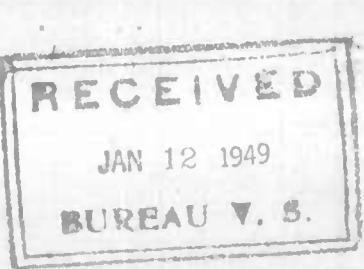
3. (b) Social Security Number

MEDICAL CERTIFICATION
20. DATE OF DEATH December 23, 1948 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 20, 1946, to December 22, 1948 and that I last saw her alive on Dec 22, 1948

Immediate cause of death Myocardial Heart Disease

Due to	arteriosclerosis -	DURATION	3 yrs
Due to		DURATION	10 yrs
Other conditions		DURATION	
(Include pregnancy within 3 months of death)			
Major findings or operations		Date of op.	
Autopsy results			
PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external cause, fill in the following:			
Accident, suicide, or homicide		Date of	
Where did injury occur? (City or town)		(County) (State)	
Injured at home, farm, industry, public place (where?)			
Means of injury		Injured at work?	
23. SIGNATURE A. E. Mann M.D. or other			
Address..... Oakland, Md.		Date signed 27 Dec 48	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12534

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

Garrett

County

Rural- Vindex

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

39 yrs.

Hospital, institution, or street address where death occurred:

1 Mile West

How long in hospital or institution?

3. (a) FULL NAME

Charles Hezekiah Knox

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife

Knox

7. Birth date of deceased (mo., day, yr.)

Feb. 19, 1970

6. (c) If alive, give age..... years

8. AGE:

Years
78Months
9Days
19If less than one day
hrs. min.

9. Birthplace

near Swanton, Garrett Co., Md.

(Town, county, and state)

10. Usual occupation

Miner -retired

Coal Mines

11. Industry or business

Joseph Knox

MOTHER FATHER

Garrett Co., Md.

12. Name

Mary Green

13. Birthplace

Garrett Co., Md.

14. Maiden name

Garrett Co., Md.

15. Birthplace

Dorsey Knox

16. Informant

Vindex, Md.

Address

Burial

(Burial, cremation, or removal. Which?)

I.O.O.F. Cemetery

Date thereof Dec. 12/48

(month) (day) (year)

Cemetery or crematory

Elk Garden, W.Va.

Location

18. Funeral director

Otha F. Sharpless

Address

Blaine, W.Va.

19. 12/11/48

(Date rec'd by registrar)

John Barrick

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Garrett

Rural- Vindex

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. 1 Mile West

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

December 8

48

2:50P.

20. DATE OF DEATH

7 dec 48

19

to

7 dec

48

and that I last saw him alive on

7 dec

48

Immediate cause of death

arteriosclerotic cardio
vascular disease

DURATION

Due to

Due to

Cardiac asthma

?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

none

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thomas J. Lush, M.D.

M.D. or other

Address: Oakland, Ind.

Date signed

Dec 48

RECEIVED

DEC 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12535

Reg. Dist. No.

182
925

166

1. PLACE OF DEATH:

Garrett
County.....
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Swanton
5½ Months

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Richard William Rounds

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

July 5, 1948

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

Keyser, W. Va.

8. Birthplace

(Town, county, and state)

None

10. Usual occupation

None

11. Industry or business

William Rounds

12. Name

Swanton, Md.

13. Birthplace

Josephine Hartman

14. Maiden name

Oakland, Md.

15. Birthplace

William Rounds

16. Informant

Address

Swanton, Md.

17. Burial

Dec. 26, 1948

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

George Cemetery

Cemetery or crematory

near Swanton, Md.

Location

18. Funeral director

Herbert C. Keightley

Address

Oakland, Md.

19. (Date rec'd by registrar)

19.

48 July 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Garrett

County

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

December 24, 1948, at 10:30 A.M.

2d. DATE OF DEATH

2d. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 hours after death, to 10 hours

and that I last saw him alive on 10 hours

Immediate cause of death.....

Asphyxiation

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

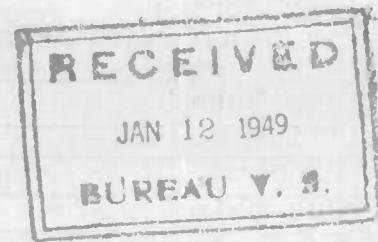
Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Date signed.....

SEARCHED
INDEXED
SERIALIZED
FILED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

93d

12536

1. PLACE OF DEATH: Garrett
County.....
City or town..... R.D.2 Accident
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Henry Harry Schlossnagel

4. Sex M	5. Color or race W	6.(a) Single, married, widowed, or divorced Single
----------	--------------------	--

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) March 5-1862
8.(c) If alive, give age years

8. AGE: Years 86	Months 9	Days -	If less than one day hrs. min.
------------------	----------	--------	--

B. Birthplace..... Accident Maryland
(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business.....

MOTHER FATHER	12. Name..... Henry Schlossnagel
	13. Birthplace..... Germany

MOTHER	14. Maiden name..... Victoria Kettler
	15. Birthplace..... Not Known

18. Informant..... Carol Glover
Address..... Oakland Md17. Burial (Burial, cremation, or removal. Which?) Cove
Date thereof..... 12-8-1948
(month) (day) (year)

Location..... R.D.2 Accident Md

18. Funeral director..... Wm Winterberg
Address..... Grantsville Md19. Date rec'd by registrar..... Dec 7 1948 Ethel Broadwater
Registrar.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Md	County..... Garrett
City or town..... R.D.2 Accident	(If outside city or town limits, write RURAL and give nearest town)
Street No.....	(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1948 at 9 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 20 1948 to Dec 5 1948

and that I last saw him alive on Nov 20 1948

Immediate cause of death..... Chronic myocarditis

Duration..... 2 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

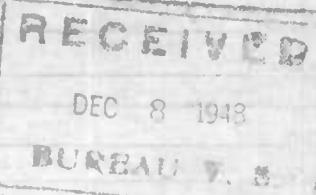
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Milton Jeffer M.D. or other

Address..... Kendalville, Md. Date signed Dec 6 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12537

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH: Garrett
 County _____
 City or town Friendsville, Md. (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28 yrs.
 Hospital, Institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Friendsville, Md. R.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) _____

3. (a) FULL NAME THOMAS JEFFERSON SCHROYER

4. Sex <u>Male</u>	5. Color or race <u>white</u>	6.(a) Single, married, widowed, or divorced <u>married</u>	
6.(b) Name of husband or wife <u>Minnie May Schroyer</u>		6.(c) If alive, give age <u>73</u> years	
Friendsville, Md. R.D.		6.(c) If alive, give age <u>73</u> years	
7. Birth date of deceased (mo., day, yr.)	<u>August 26 1875</u>		
8. AGE: Years <u>73</u>	Months <u>3</u>	Days <u>21</u>	If less than one day
9. Birthplace <u>Garrett Co. - Maryland</u> (Town, county, and state)			
10. Usual occupation <u>Farmer</u>			
11. Industry or business <u>Farming industry</u>			
MOTHER FATHER			
12. Name <u>Adam Schroyer</u>			
13. Birthplace <u>Friendsville, Md.</u>			
14. Maiden name <u>Lucinda Kelly</u>			
15. Birthplace <u>Friendsville, Md.</u>			
16. Informant <u>Mr. Earl Schroyer</u>			
Address <u>Friendsville, Md.</u>			
17. Burial <u>Burial</u> (Burial, cremation, or removal. Which?)	Date thereof <u>Dec 20 1948</u> (month) (day) (year)		
Cemetery or crematory <u>Blooming Rose Cemetery</u>			
Location <u>Friendsville, Md. (R.D.)</u>			
18. Funeral director <u>W. H. Rodalhaven</u>			
Address <u>Markleysburg, Pa.</u>			
19. Date rec'd by registrar <u>Dec 20 1948</u>	Mrs. Kathryn File	Registrar	
(Date rec'd by registrar)			

3. (b) Social Security Number 215-16-4374

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1948 at 10:30 AM

**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 17 1948 to Death 1948
and that I last saw her alive on 19.**

Immediate cause of death: Coronary Occlusion

Due to: _____

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings of operations: _____

Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____

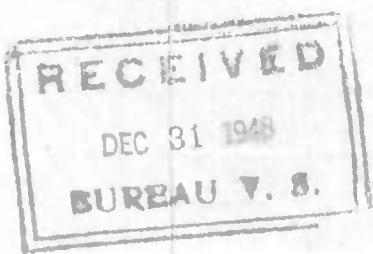
Injured at work? _____

23. SIGNATURE E. J. Baumgartner M.D.

M. D. or _____ Date signed 12/18/48

Address Gallend, Md. Date signed 12/18/48

Schnayzer



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

CERTIFICATE OF DEATH

462

125686

1. PLACE OF DEATH:

County: Garrett
City or town: Crellin, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas Sisler.

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married.

6.(b) Name of husband or wife: Florence Sisler.

7. Birth date of deceased (mo. day, yr.) August 8th, 1876

6.(c) If alive, give age 63 years

8. AGE: Years Months Days If less than one day
72 3 25 hrs. min.9. Birthplace: Garrett County.
(Town, county, and state)

10. Usual occupation: Miner.

11. Industry or business

12. Name: Henry Sisler

13. Birthplace: Garrett County, Md.

14. Maiden name: Mariah Riley.

15. Birthplace: Garrett County, Md.

16. Informant: Gilbert Sisler.

Address: Crellin, Md.

17. Burial Date thereof: Dec. 5th/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Pifer Cemetery.

Location: Near Eglon, West Va.

18. Funeral director: Emory D. Bolden

Address: Oakdale, Maryland

19. (Date rec'd by registrar) 10-48 July 9, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Crellin, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war: _____

3. (b) Social Security Number

213-01-5640

MEDICAL CERTIFICATION

Noon.

20. DATE OF DEATH: December 2d, 1948, at 12:00 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Debler 18th, 1948, Kee 2, 1948,

and that I last saw him alive on Dec 1, 1948.

Immediate cause of death:

Carcinoma of Colon

Due to: _____

Due to: _____

Other conditions:

(Include pregnancy within 8 months of death)

Major findings or operations:

Date of op. _____

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury:

Injured at work? _____

23. SIGNATURE: C. D. Baumgartner

M. D. or other

Registrar

Address: Oakland, Md. Date signed: 12/3/48

Mr. Parker Pease and Family
in his collection

D

etc.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

83a

12539
1611. PLACE OF DEATH: Garrett

County.....

City or town..... Friendsville md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 yrs

Hospital, institution, or street address where death occurred:

Street No. 1st ave Friendsville, md.

How long in hospital or institution?

3. (a) FULL NAME

Noah Luther Teets

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male white married6.(b) Name of husband or wife..... Monna Teets

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age 33 yearsSept. 30 1898

8. AGE: Years

Months

Days

If less than one day

50 2 11 hrs. min.

9. Birthplace.....

Accident, md

(Town, county, and state)

10. Usual occupation.....

Mechanic

11. Industry or business

Mechanical industry

MOTHER FATHER

Silas Teets

12. Name.....

Silas Teets

13. Birthplace

Friendsville, md.

14. Maiden name.....

Sarah Elizabeth Fresh

15. Birthplace

Braintree, md.

16. Informant.....

Mrs. Monna Teets

Address

Friendsville, md.

17. Burial

Date thereof Dec 12 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Steele Cemetery

Location

Friendsville, md.

18. Funeral director.....

W. H. Rodahaver

Address

Markleysburg, Pa.

19. Date rec'd by registrar

Dec 11 1948mrs. Kathryn Title

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County.....

GarrettCity or town..... Friendsville md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December - 10 1948 at 4:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec - 10 - 1948 to Dec - 10 - 1948and that I last saw h.l.m. alive on Dec - 10 - 1848

Immediate cause of death.....

Hemiplegia - (3rd) - L.

DURATION

Due to.....

Cerebral Hemorrhage

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

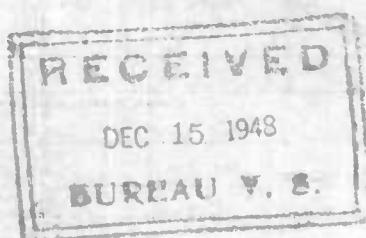
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE H. B. M. G. S. M. O. R. M. D.

M. D. or other

Address Addison - Pa Date signed 12/10/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12540

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:

County

Garrett

City or town

Bloomington

(If outside city or town limits, write RURAL and give nearest town)

34 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

1 mile N of Bloomington

How long in hospital or institution? - - - - -

3. (a) FULL NAME

ADEN CLARE WILT, Jr.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

- - - - -

8. (c) If alive, give age. - - years

7. Birth date of deceased (mo. day, yr.)

November 14, 1914

8. AGE:

Years
34Months
0Days
22

If less than one day

hrs. min.

9. Birthplace

Bloomington, Garrett, Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

MOTHER FATHER

12. Name

Aden Wilt

13. Birthplace

Maryland

14. Maiden name

Lula Pritts

15. Birthplace

Maryland

16. Informant

Mrs. Aden Wilt

Address

Bloomington, Maryland

Burial

Date thereof Dec 9, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Elbert Wilt Cemetery

Location

5 mil E of Swanton, Md.

18. Funeral director

Ellsworth S. Boal

Address

Westernport, Maryland

Dec 8

1948

(Date rec'd by registrar)

Dorothy Patterson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Garrett

City or town

Bloomington - rural

Street No.

1 1/2 Mi North Bloomington

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

World War #2

(If veteran, name war)

3. (b) Social Security Number

217-03-6070

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 6 1948 8:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Planned after death 19.

and that I last saw him alive on 19.

Immediate cause of death

Drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/6/48

Where did injury occur? near Bloomington Garrett MD (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public pool

Means of injury car ran into river Injured at work? No

Secty. med. 8:30 a.m. 12/6/48

Signature B. J. Patterson M.D. Name

Address Oakland St M. D. or other Date signed 12/6/48

